

**BID SUMMARY**

**SUBMIT BID TO:**

MI DEPARTMENT OF MANAGEMENT AND BUDGET  
 FACILITIES ADMINISTRATION  
 DESIGN AND CONSTRUCTION DIVISION  
 P.O. BOX 30026  
 LANSING, MICHIGAN 48909

**EXPRESS MAIL TO:**

MI DEPARTMENT OF MANAGEMENT AND BUDGET  
 FACILITIES ADMINISTRATION  
 DESIGN AND CONSTRUCTION DIVISION  
 530 WEST ALLEGAN STREET, 2<sup>ND</sup> FL., STEVENS T. MASON BLDG.  
 LANSING, MICHIGAN 48933

FILE NUMBER	INDEX NUMBER	AGENCY OBJ. CODE	PROJECT/PHASE CODE	COMMODITY CODE	AGENCY NUMBERS
751/09364.RAA	74140	6435	217379/06	912-23	17-8414
DEPARTMENT/AGENCY			PROJECT SCOPE OF WORK DESCRIPTION/LOCATION		
NATURAL RESOURCES AND ENVIRONMENT – FOREST, MINERAL AND FIRE MGT.			DNRE CHOCOLAY TRAIL – AGGREGATE SURFACE IMPROVEMENTS		
BID OPENING DATE			FOR AN EXAMINATION OF THE SITE CONTACT:		
WEDNESDAY, APRIL 28, 2010 AT 2:00 P.M., LOCAL TIME			BOB ADAMS cell: (517) 242-1088, office: (906) 779-4118 MARK MANDENBERG (517) 335-3037		

**NOTE:** SEE SECTION 00100 INSTRUCTIONS TO BIDDERS AND SECTION 00700 GENERAL CONDITIONS PROVIDED WITH THE BIDDING DOCUMENTS.  
**BID:** WE PROPOSE TO FURNISH, PERFORM AND COMPLETE THE ENTIRE WORK IN ACCORDANCE WITH THE CONTRACT DOCUMENTS IN CONSIDERATION OF THE BID PRICE (\$) STATED BELOW.

FIRM NAME AND COMPLETE ADDRESS	TELEPHONE NUMBER
	FEDERAL I.D. NUMBER (IF NONE, SOCIAL SECURITY NUMBER)*
BIDDER'S SIGNATURE AND TITLE	DATE
	WITNESS' SIGNATURE
	DATE

\*Protected information required for processing payments.

Base Bid : ..... Dollars \$ \_\_\_\_\_  
 \_\_\_\_\_ Dollars

BID GUARANTEE REQUIRED: A BID SECURITY IN THE AMOUNT OF FIVE (5) PERCENT OF THE BASE BID IS REQUIRED FOR ALL BIDS AS SPECIFIED IN THE SECTION 100 INSTRUCTION TO BIDDERS.

BIDDERS ARE ALSO CAUTIONED TO FAMILIARIZE THEMSELVES WITH ALL OF THE OTHER CONDITIONS OF THE CONTRACT AS SET FORTH THROUGHOUT THE GENERAL CONDITIONS PREFACE TEXT.

TABULATION OF UNIT PRICES, SECTION 00470 (reverse side of this Proposal Form) IS REQUIRED TO BE COMPLETED OR BID MAY BE REJECTED AS INCOMPLETE.

Project Scope of Work:

**PROVIDE ALL LABOR, MATERIALS, AND EQUIPMENT TO GRADE, PREPARE SURFACE, AND PLACE CRUSHED LIMESTONE SURFACE AND RELATED ITEMS ON APPROXIMATELY SIX (6) MILES OF THE CHOCOLAY RECREATION TRAIL AS SHOWN ON THE DRAWINGS AND SPECIFIED HEREIN, LOCATED IN CHOCOLAY TOWNSHIP, MARQUETTE COUNTY, MICHIGAN. BIDDERS SHALL INCLUDE A BID ALLOWANCE IN THE AMOUNT \$7,500.00 FOR INSPECTION SERVICES IN THE BID FIGURES.**

\*\* Builders Risk Insurance will not be provided by the State of Michigan for this project.

The Bidder must figure its Base Bid on the specified, or Addendum-approved, materials and equipment **only**. No "or equal" or substitution proposals will be permitted after Bid opening, except as provided in the General Conditions.

Contract Substantial Completion Date: **August 31, 2010.**

Addenda: Bidder acknowledges receipt of Addenda:

No. \_\_\_\_\_ dated: \_\_\_\_\_, No. \_\_\_\_\_ dated: \_\_\_\_\_

I. GENERAL

A. The Base Proposal Sum is solicited and the amount is to be inserted by the Bidder in the Blank space provided on the PROPOSAL AND CONTRACT form. The amount is to be computed on the basis of the unit prices, inserted by the Bidder, applied to the estimated quantities stated. In case of a variation between the unit price and the extension, the unit price will govern. Award of Contract, if made, will be to the Bidder whose Base Proposal Sum is to the best interest of the State. Do Not Alter This Bid Form and Do Not Round Off Figures Below.

Quantities as listed have been carefully estimated but are not guaranteed. The State reserves the right to increase or decrease the quantity of Work to be performed at the unit prices by amounts up to 20 percent of the quantities stated.

TABULATION OF UNIT PRICES

Item No.	Description	Quantity	Unit	Unit Cost	Total
1.	MOBILIZATION	XXXX	LUMP SUM	XXXX	
2.	SILT FENCE	1,600	LF		
3.	CLEARING, SUBBASE GRADING AND VEGETATION REMOVAL	XXXX	LUMP SUM	XXXX	
4.	HERBICIDE APPLICATION	XXXX	LUMP SUM	XXXX	
5.	GEOTEXTILE SEPARATOR	LF	1,530		
5.	AGGREGATE BASE FILL	250	TONS		
6.	BICYCLE PATH AGGREGATE SURFACE, 4 INCH	32,700	LF		
7.	RESTORATION	XXXX	LUMP SUM	XXXX	
8.	BID ALLOWANCE FOR THE LICENSED PROFESSIONAL ENGINEER INSPECTION OF TWO BRIDGES FOR AVAILABLE LOAD LIMITS	XXXX	LUMP SUM	XXXX	\$7,500.00
				<b>**BASE BID:</b>	

\*\*(This figure MUST be written in on the Bid Summary Form, page no. 1 or bid may be rejected as being incomplete.

B. Measurement and Payment for Unit Price Work:

1. Measurement: When completed, each classification Work for which there is a unit price will be counted or measured in place by the Inspector and reported to the Architect/Engineer
2. Payment: Payment for all Work will be on the basis of the Contract unit prices applied to the actual quantities removed or installed. The Contract unit prices shall cover and include and shall be payment in full for all labor, materials and equipment.

Company Name: \_\_\_\_\_

**QUALIFICATION STATEMENT**

*Issued under authority of Act 451, P.A. 1994 as amended.*

This Qualification Statement must be completed in order to be considered for bid award and will be used by the Michigan Department of Natural Resources and Environment for the purpose of establishing the qualifications of firms for improving the aggregate trail and associated work at the Chocolay Trail, Marquette County, Michigan. Only those firms with experience in jobs of similar volume and character needed to perform the task outlined in the attached bid documents will be considered for the project. The Department of Natural Resources and Environment will evaluate project references and previous Department experience with the bidders firm in determining if a firm is qualified to execute this work.

**INSTRUCTIONS:** Describe the most recent job experiences (three minimum) most applicable to the tasks outlined in the Proposal and Contract. Please supply references and telephone numbers.

Reference		Contact Person	Telephone Number
Approximate Dollar Amount \$	Location		
Description			
_____			
_____			
Reference		Contact Person	Telephone Number
Approximate Dollar Amount \$	Location		
Description			
_____			
_____			
Reference		Contact Person	Telephone Number
Approximate Dollar Amount \$	Location		
Description			
_____			
_____			

Is your firm currently pre-qualified with the Michigan Department of Transportation?  YES  NO

Is your firm a certified Disadvantaged Business Enterprise (DBE) with the Michigan Department of Transportation?  YES  NO

Submit two copies of this completed Qualification Statement and any additional pages (limit two) together with your proposal. **Proposals not accompanied by this Statement will not be considered.**